Case:19-40902-EJC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:1 of 68

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF GEORGIA	=	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	Edward First name R. Middle name	First name Middle name
ic	identification to your meeting with the trustee.	Stabell, III Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7536	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)				
	doing business as names						
		EINs	EINs				
5.	Where you live		If Debtor 2 lives at a different address:				
		8 Skipjack Lane					
		Savannah, GA 31411-2820 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Chatham					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		907 Roanoke Dr. Marietta, GA 30066					
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing	Check one:	Check one:				
0.	this district to file for						
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Debtor 1

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Par	t 2: Tell the Court About	our Ba	nkruptcy Ca	ase				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7						
		☐ Ch	apter 11					
		☐ Ch	apter 12					
		☐ Ch	apter 13					
8.	How you will pay the fee	Il pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local course about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit a pre-printed address.					ney	
					Ilments. If you choose this opt (Official Form 103A).	ion, sign and attach the Application for Individuals to Pa	ay	
			but is not req applies to yo	uired to, waive yo ur family size and	our fee, and may do so only if y you are unable to pay the fee	on only if you are filing for Chapter 7. By law, a judge mour income is less than 150% of the official poverty line in installments). If you choose this option, you must fill dicial Form 103B) and file it with your petition.	that	
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes						
	•		District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	— N.						
	cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No.	Go to I	ine 12.				
	residence?	□Yes		our landlord obtair	ned an eviction judgment again	st you?		
		. 30		No. Go to line 12	<u>2</u> .			
				Yes. Fill out <i>Initia</i> this bankruptcy p		Judgment Against You (Form 101A) and file it as part of	of	

Debtor 1

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	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	o Part 4.			
		☐ Yes.	Name	e and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	ber, Street, City, State & ZIP Code			
	it to this petition.		Chec	ck the appropriate box to describe your business:			
				Health Care Business (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as defined in 11 U.S.C. § 101(53A))			
				Commodity Broker (as defined in 11 U.S.C. § 101(6))			
				None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation in 11 U.S	s. If you i s, cash-f .C. 1116	nder Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure $S(1)(B)$. not filing under Chapter 11.			
	For a definition of small	■ No.	No.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptc Code.				
		☐ Yes.	I am	filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
				ous Property or Any Property That Needs Immediate Attention			
Pari	Report if You Own or	Have Any	Hazard	ous Property of Any Property That Needs infinediate Attention			
	Do you own or have any		Hazard	ous Property of Any Property That Needs infinediate Attention			
	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.		s the hazard?			
	Do you own or have any property that poses or is alleged to pose a threat	■ No.	What is				

Debtor 1
Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Par	Answer These Quest	ons for R	eporting Purposes						
16.	What kind of debts do you have?	16a.		onsumer debts? Consumer debts are defir onal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an				
			□ No. Go to line 16b.						
			■ Yes. Go to line 17.						
		16b.	b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c. ☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe that are not consumer debts or business debts						
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	I am not filing under Chapter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?						
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		■ Yes						
18.	How many Creditors do you estimate that you	□ 1-49		<u> </u>	<u></u> 25,001-50,000				
	owe?	50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000				
		☐ 100-1 ☐ 200-9		10,001 20,000	I More training, 300				
19.	How much do you	□ \$0 - \$50,000		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	□ \$50,001 - \$100,000 □ \$100,001 - \$500,000		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
			001 - \$300,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
20.	How much do you estimate your liabilities	□ \$0 - \$		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	to be?		001 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion				
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
Par	t7: Sign Below								
For	you	I have ex	amined this petition, and I dec	lare under penalty of perjury that the inform	nation provided is true and correct.				
				, I am aware that I may proceed, if eligible, elief available under each chapter, and I ch					
				not pay or agree to pay someone who is not e notice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this				
		I request	relief in accordance with the c	chapter of title 11, United States Code, spec	cified in this petition.				
		bankrupt and 3571	cy case can result in fines up to I.	concealing property, or obtaining money o o \$250,000, or imprisonment for up to 20 years.	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		Edward	ard R. Stabell, III I R. Stabell, III e of Debtor 1	Signature of Debtor	2				
		Executed	d on <u>July 1, 2019</u> MM / DD / YYYY	Executed on MM	/ DD / YYYY				

Debtor 1

For your attorney, if you are represented by one

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel	C. Jenkins	Date	July 1, 2019
Signature of	Attorney for Debtor		MM / DD / YYYY
Daniel C.	Jenkins 142345		
The Law C	Offices of Daniel C. Jenkins, LLC		
Firm name	•		
24 Draytor	n St., Ste. 204		
Savannah	, GA 31401		
Number, Street,	City, State & ZIP Code		
Contact phone	912-480-9999	Email address	daniel@djenkinslaw.com
142345 GA	A		
Bar number & S	tate		

Case:19-40902-F.IC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:8 of 68 Fill in this information to identify your case: Debtor 1 Edward R. Stabell, III Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 502,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 36,158.96 1c. Copy line 63, Total of all property on Schedule A/B..... 538,158.96 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 462.134.25 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 165.000.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 65.243.61 Your total liabilities 692,377.86 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,151.03 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,100.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and

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Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Edward R. Stabell, III Page:9 of 68

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	165,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	165,000.00

Case:19-40902-F.IC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:10 of 68 Fill in this information to identify your case and this filing: Debtor 1 Edward R. Stabell, III Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply 8 Skipjack Lane Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the Savannah GA 31411-0000 ■ Land entire property? portion you own? \$502,000.00 \$502,000.00 City State ZIP Code Investment property ☐ Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Fee simple Debtor 1 only Chatham Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here.....

\$502,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

property identification number:

Official Form 106A/B Schedule A/B: Property page 1

☐ Yes. Describe.....

10 Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

De	Case:19-4090 ebtor 1 Edward R. S)2-EJC tabell, III	Doc#:1	Filed	:07/01/19	Entere	ed:07/01/19 22 Case numb	2:44:10 er (if known)	Page:12 of 68
	☐ Yes. Describe								
11.	Clothes Examples: Everyday clo	othes, furs	, leather coats,	designer	wear, shoes, a	accessories			
	Yes. Describe								
		Person	al Clothing						\$150.00
12.	Jewelry Examples: Everyday jev □ No ■ Yes. Describe	welry, cos	tume jewelry, er	ngagemei	nt rings, weddi	ng rings, hei	irloom jewelry, watch	nes, gems, g	old, silver
		Watch							\$200.00
	Non-farm animals Examples: Dogs, cats, b No Yes. Describe Any other personal and No Yes. Give specific info	d househ	old items you	did not a	lready list, inc	cluding any	health aids you did	d not list	
15	5. Add the dollar value of for Part 3. Write that r							ttached	\$4,150.00
	o you own or have any le			st in any o	of the followin	ng?			Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you h No Yes	-	•				on hand when you fil	e your petitio	on
17.	institutions.		other financial a e multiple acco					brokerage h	nouses, and other similar
	□ No ■ Yes				Institution na	me:			
		17.1.	Checking		BB&T				\$8.96
		17.2.	Business Ch	necking	BB&T (The	Stabell La	aw Firm, LLC)		\$0.00
18.	Bonds, mutual funds, on Examples: Bond funds, ■ No				ge firms, mone	y market ac	counts		
	☐ Yes	I	nstitution or iss	uer name	:				
19.	joint venture ☐ No				d and unincor	porated bu	sinesses, includinç	g an interes	t in an LLC, partnership, and
O#	Yes. Give specific info	ormation a	about them		nedule A/B: Pro	operty			page 3
ווט	iviai FUIIII TUDA/D			OC:	IEUUIE A/D. PII	ODEILV			Dane .

Case:19-40902-EJC Debtor 1 Edward R. Stabell, III	ne of entity:		e number (ii of ownershi	· —	
	Stabell Law Firm, LLC	,2	100	%	\$0.00
Non-negotiable instruments are the ■ No □ Yes. Give specific information at	ersonal checks, cashiers' checks, pr nose you cannot transfer to someon	omissory notes, and money		_	
21. Retirement or pension accounts Examples: Interests in IRA, ERISA No ☐ Yes. List each account separate	s A, Keogh, 401(k), 403(b), thrift savir		ion or profit-	sharing plan	s
	you have made so that you may co ords, prepaid rent, public utilities (el			companies,	or others
	and description.	·	,		
24. Interests in an education IRA, in 26 U.S.C. §§ 530(b)(1), 529A(b), an ■ No ■ Yes					m.
25. Trusts, equitable or future interest■ No□ Yes. Give specific information a		ing listed in line 1), and ri	ghts or pow	ers exercis	sable for your benefit
 26. Patents, copyrights, trademarks Examples: Internet domain names ■ No □ Yes. Give specific information a 	s, websites, proceeds from royalties				
 27. Licenses, franchises, and other Examples: Building permits, exclu ■ No □ Yes. Give specific information a 	usive licenses, cooperative associati	on holdings, liquor licenses	, professiona	al licenses	
Money or property owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you ■ No □ Yes. Give specific information at	bout them, including whether you ali	ready filed the returns and t	he tax years	·	

29. **Family support** *Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property page 4

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

Part 7:

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

Describe All Property You Own or Have an Interest in That You Did Not List Above

\$0.00

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$502,000.00 Part 2: Total vehicles, line 5 \$2,000.00 57. Part 3: Total personal and household items, line 15 \$4,150.00 Part 4: Total financial assets, line 36 58. \$30,008.96 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$36,158.96 Copy personal property total \$36,158.96 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$538,158.96

Official Form 106A/B Schedule A/B: Property page 6

Case:19-40902-F.IC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:16 of 68 Fill in this information to identify your case: Debtor 1 Edward R. Stabell, III Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name SOUTHERN DISTRICT OF GEORGIA United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 4/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 8 Skipjack Lane Savannah, GA 31411 O.C.G.A. § 44-13-100(a)(1) \$502,000.00 \$21,500.00 Chatham County Line from Schedule A/B: 1.1 100% of fair market value, up to any applicable statutory limit 2010 Mazda Mazda3 110000 miles O.C.G.A. § 44-13-100(a)(3) \$2,000.00 \$2,000.00 Line from Schedule A/B: 3.1 П 100% of fair market value, up to any applicable statutory limit **HHG** O.C.G.A. § 44-13-100(a)(4) \$3.500.00 \$3,500.00 Line from Schedule A/B: 6.1

Cellphone; TV; Stereo

Personal Clothing

Line from Schedule A/B: 7.1

Line from Schedule A/B: 11.1

\$300.00

\$150.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$300.00

\$150.00

O.C.G.A. § 44-13-100(a)(4)

O.C.G.A. § 44-13-100(a)(4)

Case:19-40902-EJC Edward R. Stabell, III Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:17 of 68 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Watch O.C.G.A. § 44-13-100(a)(5) \$200.00 \$200.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Checking: BB&T O.C.G.A. § 44-13-100(a)(6) \$8.96 \$8.96 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Case:19-40902-F.IC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:18 of 68 Fill in this information to identify your case: Debtor 1 Edward R. Stabell, III Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name SOUTHERN DISTRICT OF GEORGIA United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column B Column C Column A 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor's name Do not deduct the that supports this portion value of collateral. If any Caliber Home Loans, In \$458,032.00 \$502,000.00 \$0.00 Describe the property that secures the claim: Creditor's Name 8 Skipjack Lane Savannah, GA 31411 Chatham County As of the date you file, the claim is: Check all that 715 S Metropolitan Ave apply. Oklahoma City, OK 73108 □ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured ■ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a First Mortgage Other (including a right to offset) community debt

Date debt was incurred

5725

Last 4 digits of account number

Opened 10/07 Last Active

5/31/19

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Debtor 1 Edward R. Stabell, III		Case	Case number (if known)				
First Name Middle N	Name Last Name						
2.2 Internal Revenue Service	Describe the property that secures the	claim:	Unknown	\$0.00	Unknown		
Creditor's Name	All real and personal property						
P.O. Box 7346 Philadelphia, PA	As of the date you file, the claim is: Chapply.	eck all that					
19101-7346	Contingent						
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	☐ An agreement you made (such as mo	rtgage or secured					
Debtor 2 only	car loan)						
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	anic's lien)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ecorded Lien	<u> </u>				
Date debt was incurred	Last 4 digits of account number	·					
The Landings							
Association, Inc.	Describe the property that secures the	claim:	\$4,102.25	\$0.00	\$4,102.25		
Creditor's Name	HOA Dues						
000 1 11 11/	As of the date you file, the claim is: Che	eck all that					
600 Landings Way Savannah, GA 31411	apply.						
	Contingent						
Number, Street, City, State & Zip Code	Unliquidated						
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.						
■ Debtor 1 only	☐ An agreement you made (such as mo	rtgage or secured					
Debtor 2 only	car loan)						
☐ Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mecha	anic's lien)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a	Other (including a right to offset)						
community debt	_						
Date debt was incurred	Last 4 digits of account number	·					
-	Column A on this page. Write that numbe	r here:	\$462,134.25				
If this is the last page of your form, add Write that number here:	I the dollar value totals from all pages.		\$462,134.25				
write that number here.							
Part 2: List Others to Be Notified for	or a Debt That You Already Listed						
Use this page only if you have others to be trying to collect from you for a debt you of than one creditor for any of the debts that debts in Part 1, do not fill out or submit to	owe to someone else, list the creditor in I it you listed in Part 1, list the additional c	Part 1, and then li	ist the collection agency he	ere. Similarly, if yo	u have more		
Name, Number, Street, City, State & Brock & Scott, PLLC	Zip Code	On which line	e in Part 1 did you enter the	creditor? 2.1			
4360 Chamblee Dunwood I Atlanta, GA 30341	Rd., Ste. 310	Last 4 digits	of account number				

Case:19-40902-F.IC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:20 of 68 Fill in this information to identify your case: Debtor 1 Edward R. Stabell, III Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority 2.1 Last 4 digits of account number \$15,000.00 \$5,000.00 Georgia Department of Revenue \$10,000.00 Priority Creditor's Name **Bankruptcy Section** When was the debt incurred? 1800 Century Blvd., NE Atlanta, GA 30345-3209 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only

■ Domestic support obligations

Other. Specify

■ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No

☐ Yes

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2.2 Internal Revenue Service	\$150,000.0 Last 4 digits of account number 0 \$40,00	00.00 \$110,000.00
Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	
Debtor 1 only	☐ Unliquidated	
Debtor 2 only	☐ Disputed	
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:	
☐ At least one of the debtors and another	☐ Domestic support obligations	
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government	
Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxicated	
No	☐ Other. Specify	
Yes		
unsecured claim, list the creditor separately for each cl	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more tha laim. For each claim listed, identify what type of claim it is. Do not list claims already incorreditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
Anesthesia Consultants of	Last 4 digits of account number 5891	Total claim \$3,759.00
4.1 Savannah Nonpriority Creditor's Name P.O. Box 102587 Atlanta, GA 30368-2587	Last 4 digits of account number 5891 When was the debt incurred?	- 45,755.00
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical Services	-

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4.2	Arrow Exterminators	Last 4 digits of account number		\$515.00
	Nonpriority Creditor's Name	_		
	PO Box 502	When was the debt incurred?		
	Bloomingdale, GA 31302-0502 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam	13. Officer all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
		_ '		
	Debtor 1 and Debtor 2 only	☐ Disputed	d alata.	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:	
	☐ Check if this claim is for a community	Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Services		
4.3	Associated Credit Services, Inc.	Last 4 digits of account number		\$599.71
	Nonpriority Creditor's Name			*
	PO Box 5171	When was the debt incurred?		
	Westborough, MA 01581-5172 Number Street City State Zip Code		in Ol I was a	
	Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	_	_		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-shari	- •	
	Yes	Other. Specify (SunTrust	Bank)	
4.4	Bank of America	Last 4 digits of account number	4668	\$1,971.00
	Nonpriority Creditor's Name	_		. ,
	4909 Savarese Cir.		Opened 08/05 Last Active	
	Tampa, FL 33634	When was the debt incurred?	4/15/14	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.		,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans		
	☐ Check if this claim is for a community			
	debt	☐ Obligations arising out of a sep	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Recreation	al	

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4.5	Bank Of America	Last 4 digits of account number	6431	\$0.00
	Nonpriority Creditor's Name PO Box 982238 EI Paso, TX 79998	When was the debt incurred?	Opened 02/02 Last Active 12/04/09	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.6	Bank Of America	Last 4 digits of account number	8579	\$0.00
	Nonpriority Creditor's Name	_	Opened 09/04 Leet Active	
	PO Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 08/94 Last Active 4/29/14	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Bank Of America	Last 4 digits of account number	5545	\$0.00
	Nonpriority Creditor's Name		Opened 08/92 Last Active	
	PO Box 982238 El Paso, TX 79998	When was the debt incurred?	4/29/14	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community debt	0 0 1	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	• •	
	Yes	Other. Specify Credit Card	<u> </u>	

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4.8	BMW Financial Services	Last 4 digits of account number	9214	\$0.00
	Nonpriority Creditor's Name PO Box 3608 Dublin, OH 43016	When was the debt incurred?	Opened 01/11 Last Active 7/19/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Automobile	•	
4.9	Capital One Bank USA, N.A.	Last 4 digits of account number	5589	\$7,597.00
	Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 07/98 Last Active 9/11/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Capital One Bank USA, N.A. Nonpriority Creditor's Name	Last 4 digits of account number	1211	\$0.00
	PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/09 Last Active 4/30/14	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin		
	Yes	Other. Specify Credit Card	<u> </u>	

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CB Indigo	Last 4 digits of account number	1169	\$0.00
Nonpriority Creditor's Name			<u> </u>
PO Box 4499 Beaverton, OR 97076	When was the debt incurred?	Opened 6/01/18 Last Active 8/10/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Chatham Emergency Services	Last 4 digits of account number	6243	\$318.00
Nonpriority Creditor's Name 1399 Dean Forest Rd.	When was the debt incurred?	October 2017	
Savannah, GA 31405 Number Street City State Zip Code	As of the date you file, the claim	is. Chack all that annly	
Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneck all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Medical Se	rvices	
CitiBank, N.A.	Last 4 digits of account number	1653	\$0.00
Nonpriority Creditor's Name	_		
PO Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	Opened 1/04/05 Last Active 4/24/14	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		

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4.1	Comcast Corporation	Last 4 digits of account number	\$474.40
-	Nonpriority Creditor's Name 1701 JFK Boulevard	When was the debt incurred?	· · · · · · · · · · · · · · · · · · ·
	Philadelphia, PA 19103	when was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	.,,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify (Services)	
4.1	Credit Collection Services		\$48.00
5	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ40.00
	725 Canton St.	When was the debt incurred?	
	Norwood, MA 02062		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify (Progressive Mountian Ins. Co.)	
4.1	Credit Control, LLC		\$0.00
6	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ0.00
	PO Box 546	When was the debt incurred?	
	Hazelwood, MO 63042-0546		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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Credit One Bank, N.A.	Last 4 digits of account number	3757	\$0.00
Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193	When was the debt incurred?	Opened 06/18 Last Active 10/26/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other. Specify Credit Card	<u> </u>	
Dell Financial Servcies, LLC	Last 4 digits of account number	2110	\$0.00
Nonpriority Creditor's Name			
1 Dell Way Round Rock, TX 78682	When was the debt incurred?	Opened 03/11 Last Active 5/01/14	
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing		
Yes	Other. Specify Charge Acc	count	
ERC Collections	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name 8014 Bayberry Road	When was the debt incurred?		
Jacksonville, FL 32256 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	• • •		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify NOTICE		

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4.2	GEICO	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO BOX 9105	When was the debt incurred?	
	Macon, GA 31208-9105	Acceptate the configuration of the state of	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify (Insurance)	
4.0			
4.2 1	Genesis FS Card Services Nonpriority Creditor's Name	Last 4 digits of account number 1169	\$630.03
	PO Box 23039	When was the debt incurred?	
	Columbus, GA 31902-3039 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Offeck all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	•	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes		
	Li Yes	Other. Specify Unsecured	
4.2	Georgia Institute for Plastic Surgery	Last 4 digits of account number 6333	\$8,972.74
	Nonpriority Creditor's Name 5361 Reynolds St.	When was the debt incurred?	
	Savannah, GA 31405 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damnis. Offeck all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Medical Services	

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Georgia Power	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name			
96 Annex Atlanta, GA 30396	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify NOTICE		
Hilma Grace Fain	Last 4 digits of account number		\$4,000.00
Nonpriority Creditor's Name	_		<u> </u>
907 Roanoke Dr.	When was the debt incurred?		
Marietta, GA 30066 Number Street City State Zip Code	As of the date you file, the claim i	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam's	S. Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Residential	Lease	
Hy Cite Corporation	Last 4 digits of account number	0155	\$685.00
Nonpriority Creditor's Name	_		
333 Holtzman Rd Madison, WI 53713	When was the debt incurred?	Opened 01/13 Last Active 9/30/15	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	

4.2	Jones E. Dane-Kellogg	Last 4 digits of account number		\$200.00
0	Nonpriority Creditor's Name 700 Commercial Ct #201	When was the debt incurred?		<u> </u>
	Savannah, GA 31406			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Se	ervices	
4.2	JPMCB Auto	Last 4 digits of account number	4310	\$0.00
1	Nonpriority Creditor's Name	Last 4 digits of associat fidings.		••••
	PO Box 901003		Opened 07/10 Last Active	
	Ft Worth, TX 76101	When was the debt incurred?	12/02/16	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Automobil	<u>e</u>	
4.2	Kroger Co.	Last 4 digits of account number		\$148.00
	Nonpriority Creditor's Name Attn: Check Recovery Dept. 86130 PO Box 1259	When was the debt incurred?		
	Oaks, PA 19456			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		

4.2	Land Rover	Last 4 digits of account number	5741	\$0.00
<u> </u>	Nonpriority Creditor's Name	_		
	25 Braintree Hill Park S Braintree, MA 02184	When was the debt incurred?	Opened 03/05 Last Active 5/18/10	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Automobile	•	
4.3	LVNV Funding Llc	Last 4 digits of account number	3757	\$613.00
	Nonpriority Creditor's Name PO Box 1269	When was the debt incurred?	Opened 02/19	
	Greenville, SC 29602 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other. Specify Bank N.A.	Company Account Credit One	
4.3	Memorial Health	Last 4 digits of account number	6187	\$1,006.25
	Nonpriority Creditor's Name 552 Metroplex Dr.	When was the debt incurred?	October 2017	
	Nashville, TN 37211 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	7.5 or the date you me, the claim?	o. Onook all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	-	
	Yes	Other. Specify Medical Ser	rvices	

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4.3	Memorial University Medical Center	Last 4 digits of account number 6187	\$181.13
	Nonpriority Creditor's Name PO Box 740757	When was the debt incurred? October 2017	
	Cincinnati, OH 45274-0757	<u></u>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.3 3	Profit Services Group	Last 4 digits of account number 4276	\$774.00
	Nonpriority Creditor's Name 6602 Abercorn Street	When was the debt incurred? Opened 2/01/18	
	Savannah, GA 31404 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Ga Emer Physicians 0218	
4.3	- m.a		
4	Profit Services Group	Last 4 digits of account number 1205	\$539.00
	Nonpriority Creditor's Name 6602 Abercorn Street	When was the debt incurred? Opened 10/25/18	
	Savannah, GA 31404 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The of the date year me, the diamines of look an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify Ga Emer Physicians Z	
		r · · · · · · · · · · · · · · · · · · ·	

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Profit Services Group Last 4 digits of account number 6504	\$539.00
Nonpriority Creditor's Name 6602 Abercorn Street When was the debt incurred? Opened 9/09/	15
Savannah, GA 31404 Number Street City State Zip Code As of the date you file, the claim is: Check all that appl	V
Who incurred the debt? Check one.	,
■ Debtor 1 only □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or of	ivorce that you did not
Is the claim subject to offset? report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other sin	nilar debts
☐ Yes ☐ Other. Specify ☐ Ga Emer Physicians Z	
Profit Services Group Last 4 digits of account number 4712	\$334.00
Nonpriority Creditor's Name 6602 Abercorn Street When was the debt incurred? Opened 2/22/	18
Savannah, GA 31404 Number Street City State Zip Code As of the date you file, the claim is: Check all that appl	/
Who incurred the debt? Check one.	
■ Debtor 1 only □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or or report as priority claims	ivorce that you did not
■ No □ Debts to pension or profit-sharing plans, and other sin	nilar debts
☐ Yes ☐ Other. Specify ☐ Ga Emer Physicians 0218	
4.3 Profit Services Group Last 4 digits of account number 1733	\$72.00
Nonpriority Creditor's Name 6602 Abercorn Street When was the debt incurred? Opened 3/08/	18
Savannah, GA 31404 Number Street City State Zip Code As of the date you file, the claim is: Check all that appl	d.
Who incurred the debt? Check one.	,
■ Debtor 1 only □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or of	ivorce that you did not
Is the claim subject to offset? report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other sin	nilar debts
☐ Yes ☐ Other. Specify Atlantic Radiology 0118	

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4.3	Profit Services Group	Last 4 digits of account number 4276	\$1,180.00
<u> </u>	Nonpriority Creditor's Name PO Box 61295	When was the debt incurred?	
	Savannah, GA 31420		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Services	
4.3	Progressive Mountain Insurance		
9	Co.	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 6300 Wilson Mills Road	When was the debt incurred?	
	Cleveland, OH 44143		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	<u> </u>	
	Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify NOTICE	
4.4 0	Receivable Solutions, Inc.	Last 4 digits of account number 8125	\$15,902.33
	Nonpriority Creditor's Name	When was the debt incurred?	
	800 Dutch Square Blvd. Columbia, SC 29210	When was the dept incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Services	
		— Salot. Opooliy	

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4.4	Receivable Solutions, Inc.	Last 4 digits of account number 9646	\$41.80
	Nonpriority Creditor's Name 800 Dutch Square Blvd. Columbia, SC 29210	When was the debt incurred?	• • • •
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	
4.4	Receivable Solutions, Inc.	Last 4 digits of account number	\$241.50
	Nonpriority Creditor's Name PO Box 21808	When was the debt incurred?	
	Columbia, SC 29221	when was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Services	
4.4	Receivable Solutions, Inc.	Last 4 digits of account number 4002	\$181.80
<u> </u>	Nonpriority Creditor's Name PO Box 21808	When was the debt incurred?	
	Columbia, SC 29221	As of the data you file the plain is Cheek all that each	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	

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Nonprotecy Creditor's Name P.O. Bot 100157 Columbia, SC 29202-3157 Number Street City State 2 p Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 onl	4.4 4	SCANA Energy	Last 4 digits of account number		\$170.02
Number Street City State 2 pCode Who incurred the debt? Check one. Debtor 1 only	Nonpriority Creditor's Name		_		<u> </u>
Debtor 1 only					
Debtor 1 only Debtor 2 only Debtor 2 only Disputed					
Debtor 2 and Debtor 2 and Poble 2 and Poble 2 and Poble 2 and Poble 3 and 2		_	Continuent		
Debtor 1 and Debtor 2 only					
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Content of the continuation of the community of the continuation		<u> </u>		- O.d	
Seterus Inc			_	ration agreement or divorce that you did not	
Seterus Inc Nonpriority Creditor's Name 8950 Cypress Waters Coppell, TX 75019 Number Street (Ity) State Zip Code Who incurred the debtor a not Debtor 2 only Yes 1 No 1 N		Is the claim subject to offset?		adion agreement or arreved that you did not	
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### Sayour Cypesis Water's Coppell, TX 75019 Number Street City State Zip Code Who incurred the debt? Check one.		Nonpriority Creditor's Name	_		
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only			When was the debt incurred?		
Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 2 only Other. Specify Real Estate Mortgage 4.4 South Coast Health Nonpriority Creditor's Name PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Sudent loans Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 NoNPRIORITY unsecured claim: Student loans Debtor 6 NoNPRIORITY unsecured claim: Debtor 8 only Debtor 9 only Debtor 9 only Disputed Type of NoNPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Disputed Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only			As of the date you file, the claim	s: Check all that apply	
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At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Real Estate Mortgage A.4 South Coast Health Last 4 digits of account number 7864 \$186.62 PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Other is the claim is: Check all that apply Other is the claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising plans, and other similar debts		Debtor 2 only	☐ Unliquidated		
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising plans, and other similar debts		Debtor 1 and Debtor 2 only	☐ Disputed		
Check if this claim is for a community debt South Coast Health No Debts to pension or profit-sharing plans, and other similar debts PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debts to pension or profit-sharing plans No Debts to pension or		☐ At least one of the debtors and another	<u></u>	d claim:	
Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Real Estate Mortgage 4.4 Other. Specify Real Estate Mortgage University Creditor's Name PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Real Estate Mortgage When was the debt incurred? Savannah, GA 31416 As of the date you file, the claim is: Check all that apply Unliquidated Debtor 1 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts			_		
A.4 South Coast Health Nonpriority Creditor's Name PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No Real Estate Mortgage Real Estate Mortgage				ration agreement or divorce that you did not	
South Coast Health Nonpriority Creditor's Name PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 7864 When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply Type of NonPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
South Coast Health Nonpriority Creditor's Name PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 7864 When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Upliquidated Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts		Yes	Other. Specify Real Estate	Mortgage	
Nonpriority Creditor's Name PO Box 15909 Savannah, GA 31416 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		South Coast Health	Local A digita of account number	7864	\$186.62
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	б				Ψ100.02
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			When was the debt incurred?		
Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you file the claim	s. Check all that apply	
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		·	As of the date you me, the claim	s. Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ Disputed □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	☐ Contingent		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts					
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	<u> </u>		
☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	·	d claim:	
debt Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts					
■ No □ Debts to pension or profit-sharing plans, and other similar debts		debt	0 0 1	ration agreement or divorce that you did not	
		<u> </u>	<u>.</u>		
☐ Yes ☐ Other. Specify Medical Services					
		Yes	Other. Specify Medical Se	rvices	

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South State Bank	Last 4 digits of account number		\$800.00
Nonpriority Creditor's Name PO Box 118068			
Charleston, SC 29423-9910			
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	• •	
Yes	Other. Specify Overdraft C	Charges	
Southside Fire/EMS	Last 4 digits of account number	0579	\$1,213.8°
Nonpriority Creditor's Name 1399 Dean Forest Rd.	When was the debt incurred?	October 2017	
Savannah, GA 31405 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical Se		
0.4.40.1		0004	40.0
Suntrust Bank Nonpriority Creditor's Name	Last 4 digits of account number	<u>6861</u>	\$0.0
		Opened 03/07 Last Active	
PO Box 85526	When was the debt incurred?	11/27/13	
Richmond, VA 23285	As of the data you file the claim i	See Chook all that apply	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан that арру	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
— 100	·		

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4.5 0	Suntrust Bank/cc 510	Last 4 digits of account number	6729	\$0.00
	Nonpriority Creditor's Name	_	Opened 10/15/07 Last Active	
	1001 Semmes Ave Richmond, VA 23224	When was the debt incurred?	4/29/13	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Real Estate		
4.5 1	Suntrust Bank/cc 510	Last 4 digits of account number	6836	\$0.00
	Nonpriority Creditor's Name	_	Opened 10/07 Leat Active	
	1001 Semmes Ave Richmond, VA 23224	When was the debt incurred?	Opened 10/07 Last Active 8/01/13	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Real Estate	Mortgage	
4.5	Synchrony Bank		3044	\$0.00
2	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ0.00
	PO Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 10/30/04 Last Active 4/22/13	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify (Lowes)		

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Synchrony Bank	Last 4 digits of account number	\$0.
Nonpriority Creditor's Name PO Box 965005	When was the debt incurred?	
Orlando, FL 32896		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify NOTICE	
The Landings Club	Last 4 digits of account number	\$10,000
Nonpriority Creditor's Name 71 Green Island Road Southern CA 34444	When was the debt incurred?	
Savannah, GA 31411 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Club Dues	
TitleMax of Georgia, Inc.	Last 4 digits of account number	\$0
Nonpriority Creditor's Name 15 Bull Street	When was the debt incurred?	
STE 200		
Savannah, GA 31401	_	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify NOTICE	

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Tranworld Systems, Inc.	Last 4 digits of account number		\$26.1
Nonpriority Creditor's Name 5626 Frantz Road Dublin, OH 43017	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify (FedEx)		
United Collection Bureau, Inc.	Last 4 digits of account number	9646	\$283.3
Nonpriority Creditor's Name 5620 Southwyck Blvd. Toledo, OH 43614	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Medical Ser	= •	
Verizon Wireless	Last 4 digits of account number	0001	\$1,040.0
Nonpriority Creditor's Name			* /
National Recovery Operations Minneapolis, MN 55426	When was the debt incurred?	Opened 11/99 Last Active 5/31/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify		

Case:19-40902-EJC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:41 of 68 Case number (if known)

4.5 9	Wells Fargo Bank	Last 4 digits of account nu	mber			\$0.00
	Nonpriority Creditor's Name P.O. Box 14517	When was the debt incurre				
	Des Moines, IA 50306	Whom was the dest installed				
	Number Street City State Zip Code	As of the date you file, the	claim is: Check	all that ap	pply	
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY uns	ecured claim:			
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of report as priority claims	a separation ag	reement c	r divorce that you did not	
	■ No	Debts to pension or profit	-sharing plans,	and other	similar debts	
	Yes	Other. Specify	01			
Part 3	List Others to Be Notified About a D	,	that you alroa	dy listad	in Parts 1 or 2 For example if a se	alloction agone
is try have	ring to collect from you for a debt you owe to more than one creditor for any of the debts t ied for any debts in Parts 1 or 2, do not fill ou	someone else, list the original cred hat you listed in Parts 1 or 2, list th	litor in Parts 1	or 2, then	list the collection agency here. Si	milarly, if you
	and Address	On which entry in Part 1 or Part 2 of	, <u> </u>	•		
Anes Savai	thesia Consultants of	Line 4.1 of (Check one):			with Priority Unsecured Claims	
200 P	Providence Rd., Ste. 101		Part 2:	Creditors v	with Nonpriority Unsecured Claims	
Charl	otte, NC 28207-1437	Last 4 digits of account number	58	391		
	and Address	On which entry in Part 1 or Part 2 or	*	•		
	it Control, LLC Phantom Dr., Ste. 330	Line 4.16 of (<i>Check one</i>):			with Priority Unsecured Claims	
	lwood, MO 63042	Last 4 digits of account number	■ Part 2:	Creditors v	with Nonpriority Unsecured Claims	
		<u> </u>	P. L. P. (d)		Pr. 0	
	and Address sis FS Card Services	On which entry in Part 1 or Part 2 of Line 4.21 of (<i>Check one</i>):			ontor? with Priority Unsecured Claims	
	ox 4480	<u> </u>			with Nonpriority Unsecured Claims	
Beav	erton, OR 97076-4480	Last 4 digits of account number	— T dit 2.	orcanors (with Nonpholity Onsecured Glaims	
Name a	and Address	On which entry in Part 1 or Part 2 or	did you list the o	riginal cre	ditor?	
Profit	Services Group	Line 4.33 of (Check one):			with Priority Unsecured Claims	
	Box 61295		Part 2:	Creditors v	with Nonpriority Unsecured Claims	
Savai	nnah, GA 31420	Last 4 digits of account number				
Name a	and Address	On which entry in Part 1 or Part 2 or	did vou list the o	riginal cre	ditor?	
	ivable Solutions, Inc.	Line 4.40 of (Check one):	*	•	with Priority Unsecured Claims	
	ox 21808		Part 2:	Creditors v	with Nonpriority Unsecured Claims	
Colur	mbia, SC 29221	Last 4 digits of account number				
	and Address	On which entry in Part 1 or Part 2 or	*	•		
	Fargo Bank, N.A Default Document Processing	Line <u>4.59</u> of (<i>Check one</i>):			with Priority Unsecured Claims	
	Paul, MN 55121-7700		Part 2:	Creditors v	with Nonpriority Unsecured Claims	
		Last 4 digits of account number				
Part 4	Add the Amounts for Each Type of	Jnsecured Claim				
	the amounts of certain types of unsecured c of unsecured claim.	laims. This information is for statis	stical reporting	purposes	s only. 28 U.S.C. §159. Add the amo	ounts for each
					Total Claim	
	6a. Domestic support obligation	ns	6a.	\$	0.00	

Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	165,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	165,000.00
	6f.	Student loans	6f.	\$	Total Claim
Total claims				· —	<u> </u>
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	65,243.61
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	65,243.61

Case:19-40902-FJC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:43 of 68

Fill in this infor	rmation to identify your		<u> </u>	.10	1 ago. 10 of 00
Debtor 1	Edward R. Stabe	II, III			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA		
Case number					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Hilma Grace Fain
907 Roanoake Dr.
Marietta, GA 30066

State what the contract or lease is for
Month-to-month residential lease

Case:19-40902-F.IC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:44 of 68 Fill in this information to identify your case: Debtor 1 Edward R. Stabell, III Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) ■ No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D, line Name ☐ Schedule E/F, line ☐ Schedule G, line Number Street ZIP Code City State

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Street

State

3.2

Name

Number

City

7IP Code

☐ Schedule D, line

☐ Schedule E/F, line ☐ Schedule G, line _

							•				
	in this information to identify btor 1 Edward		se: tabell, III								
	btor 2 buse, if filing)										
	ited States Bankruptcy Court	for the:	SOUTHERN DISTRIC	T OF GEORGIA							
	se number nown)						☐ An		ed filing ent showin	g postpetition ollowing date:	
0	fficial Form 106I						M	M / DD/ Y	YYY		
S	chedule I: Your	Inco	ome								12/15
spo atta	plying correct information. use. If you are separated at ch a separate sheet to this Tt 1: Describe Employ Fill in your employment information.	nd you form. (r spouse is not filing wi	th you, do not incl	ude infor	mati	on about	your spo mber (if	ouse. If mo known). A	ore space is	needed,
	If you have more than one job,	iob.		■ Employed				☐ Employed			
	attach a separate page with information about additional	ำ	Employment status	☐ Not employed				□ Not e	•		
	employers.		Occupation	Self-Employed	Attorne	у					
	Include part-time, seasonal self-employed work.	, or	Employer's name	The Stabell La	w Firm,	LLC	<u> </u>				
	Occupation may include stu or homemaker, if it applies.		Employer's address	PO Box 965070 Marietta, GA 30	_						
			How long employed to	here? <u>1.5 yea</u>	ars			_			
Par	rt 2: Give Details Abo	ut Mon	thly Income								
	imate monthly income as of use unless you are separated		ite you file this form. If y	you have nothing to	report for	any	line, write	\$0 in the	space. Inc	clude your noi	n-filing
	ou or your non-filing spouse he e space, attach a separate sh			ombine the information	on for all e	empl	oyers for tl	hat perso	n on the li	nes below. If	you need
							For Deb	tor 1		otor 2 or ng spouse	
2.	List monthly gross wages deductions). If not paid mo				2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly	overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income.	Add lin	e 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	tor 1	Edward R. Stabell, III	-	Case	e number (if kr	nown)			
				Fo	r Debtor 1			Debtor 2 or -filing spouse	
	Cop	y line 4 here	4.	\$_		0.00	\$	N/A	_
5.	List	all payroll deductions:							
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$_ \$		0.00	\$	N/A N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$-		0.00	<u>\$</u> —	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$		0.00	\$	N/A	_
	5e.	Insurance	5e.	\$		0.00	\$	N/A	_
	5f.	Domestic support obligations	5f.	\$		0.00	\$	N/A	_
	5g.	Union dues	5g.	\$		0.00	\$	N/A	_
	5h.	Other deductions. Specify:	5h.⊣	+ \$	C	0.00	+ \$	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	C	0.00	\$	N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	C	0.00	\$	N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	2,151	.03	\$	N/A	
	8b.	Interest and dividends	8b.	\$		0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		0.00	\$	N/A	_
	8d.	Unemployment compensation	8d.	\$_		0.00	<u> </u>	N/A	
	8e.	Social Security	8e.	\$		0.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	C	0.00	\$	N/A	_
	8g.	Pension or retirement income	8g.	\$_		0.00	\$	N/A	_
	8h.	Other monthly income. Specify:	8h.+	+ \$_		0.00	+ \$	N/A	<u>-</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,151	.03	\$	N/A	A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,151.03	+ \$_		N/A = \$	2,151.03
11.	Inclu othe	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your or friends or relatives. Into the cifur include any amounts already included in lines 2-10 or amounts that are not cifur.	depen				•	Schedule J. 11. +\$	0.00
	•	· -						·	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12. \$	2,151.03
								Combi month	nea ly income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						
		Yes. Explain:							

Official Form 106l Schedule I: Your Income page 2

						Í		
	in this informa	ation to identify yo	our case:					
Deb	tor 1	Edward R. S	tabell, III				c if this is: An amended filing	
	tor 2 buse, if filing)							ving postpetition chapter the following date:
``	,	runtau Caurt far tha	· COLITL	IEDNI DISTRICT OF CEOI	DCIA		MM / DD / YYYY	
Unit	ed States Banki	ruptcy Court for the	. 50016	IERN DISTRICT OF GEOF	RGIA	יו	WINI / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
		J: Your						12/15
info	rmation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a joir							
	■ No. Go to		in a aanar	ata haysahald?				
	□ res. Doe		ın a separ	ate household?				
		-	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Debto	or 2.	
2.		e dependents?	■ No					
۷.	Do not list D	•	_	Fill out this information for	Dependent's relati	ionshin to	Dependent's	Does dependent
	Debtor 2.	ebior i and	☐ Yes.	each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state							□ No
	dependents	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
_	_							☐ Yes
3.	expenses o	penses include f people other t d your depende	han $_{m \Box}$	No Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of suclificial Form 10		d have inc	cluded it on Schedule I: \	our Income		Your expe	enses
-								
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	4. \$		1,000.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	4b. Prope	rty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		0.00
_		owner's associat			mo oquity laana	4d. \$		0.00
5.	Additional i	ποrtgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Debtor 1 Edw	ard R. Stabell, III	Case num	ber (if known)	
0 14999			_	
 Otilities: 6a. Election 	ricity, heat, natural gas	6a.	\$	0.00
	r, sewer, garbage collection	6b.		0.00
	phone, cell phone, Internet, satellite, and cable services	6c.	·	0.00
	r. Specify:	6d.	· · —	
			·	0.00
	nousekeeping supplies	7.	· ·	500.00
	and children's education costs	8.		0.00
•	aundry, and dry cleaning	9.	\$	150.00
	are products and services	10.	\$	100.00
 Medical an 	d dental expenses	11.	\$	50.00
	tion. Include gas, maintenance, bus or train fare.	10	¢.	200.00
	ide car payments.	12.	·	
	ent, clubs, recreation, newspapers, magazines, and books	13.	·	100.00
4. Charitable	contributions and religious donations	14.	\$	0.00
5. Insurance.				
	ide insurance deducted from your pay or included in lines 4 or 20.		_	
15a. Life ir		15a.	·	0.00
15b. Healt	h insurance	15b.	\$	0.00
15c. Vehic	cle insurance	15c.	\$	0.00
15d. Other	r insurance. Specify:	15d.	\$	0.00
	not include taxes deducted from your pay or included in lines 4 or 2	20.		
Specify:		16.	\$	0.00
	or lease payments:		· -	
	payments for Vehicle 1	17a.	\$	0.00
	payments for Vehicle 2	17b.	· · —	0.00
17c. Other	r Specify:	17c.		0.00
17d. Other		17d.	·	0.00
	ents of alimony, maintenance, and support that you did not re		Ψ	0.00
	rom your pay on line 5, <i>Schedule I, Your Income</i> (Official Form		\$	0.00
	nents you make to support others who do not live with you.	1 1001).	\$	0.00
Specify:	nems you make to support others who do not live with you.	19.	Ψ	0.00
' '	property expenses not included in lines 4 or 5 of this form or o		our Incomo	
	gages on other property	20a.		0.00
-	estate taxes	20b.		
			· · —	0.00
•	erty, homeowner's, or renter's insurance	20c.		0.00
	tenance, repair, and upkeep expenses	20d.	·	0.00
20e. Home	eowner's association or condominium dues	20e.	\$	0.00
 Other: Spe 	cify:	21.	+\$	0.00
0 0-11-1-				
	our monthly expenses			2 422 22
	es 4 through 21.		\$	2,100.00
22b. Copy l	ine 22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	
22c. Add lin	e 22a and 22b. The result is your monthly expenses.		\$	2,100.00
				<u> </u>
	our monthly net income.		_	
	line 12 (your combined monthly income) from Schedule I.	23a.		2,151.03
23b. Copy	your monthly expenses from line 22c above.	23b.	-\$	2,100.00
	act your monthly expenses from your monthly income.	25	c	E4 02
The r	esult is your monthly net income.	23c.	\$	51.03
	pect an increase or decrease in your expenses within the year			
	do you expect to finish paying for your car loan within the year or do you ex	pect your mortgage	payment to increase	or decrease because of a
_	o the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			

Fill in t	his inform	ation to identify your	case:			
Debtor	1	Edward R. Stabel	l. III			
		First Name	Middle Name	Last Name		
Debtor	_					
(Spouse if	f, filing)	First Name	Middle Name	Last Name		
United S	States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA		
Case no	umber					
(if known)						☐ Check if this is an amended filing
Dec If two m You musobtainin	larati	ople are filing together	connection with a bank	nsible for supplying corr	rect information. . Making a false staten	nent, concealing property, or or imprisonment for up to 20
years, e		Below	010, and 0071.			
Di	d you pay No	or agree to pay some	one who is NOT an attori	ney to help you fill out b	pankruptcy forms?	
_		ama of narrow			Attach Danker	untour Datition Dronoror's Nation
	res. Na	ame of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
tha	t they are	true and correct.	that I have read the sumi	•	d with this declaration	and
Х		ard R. Stabell, III		X Cinnatura of	Dahtar 0	
		R. Stabell, III e of Debtor 1		Signature of	Deptor 2	
	Date Ju	uly 1, 2019		Date		

Fill	n this inform	nation to identify you	r case:							
Deb		Edward R. Stabe								
		First Name	Middle Name	Last Name						
	tor 2 ise if, filing)	First Name	Middle Name	Last Name						
Unit	ed States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT (OF GEORGIA						
Cas	e number									
(if kno	- · · ·				-	Check if this is an mended filing				
○ #	::.: 	107								
	icial For		Affairs for Individ	luals Filing for B	ankruntev	4/19				
					equally responsible for sup					
infor	mation. If m	ore space is needed,	attach a separate sheet to		additional pages, write you					
	<u> </u>	n). Answer every que								
Part			rital Status and Where You	Lived Before						
1.	What is your	current marital statu	is?							
	■ Married□ Not mar	ried								
2.	During the la	Ouring the last 3 years, have you lived anywhere other than where you live now?								
	No									
	_	No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
					ity property state or territory					
State	s and territori	es include Anzona, Ca	illomia, idano, Louisiana, Ne	vada, New Mexico, Fuerto R	co, Texas, Washington and W	ASCORSIII.)				
	■ No	les soms over fill and Cal		#:-:-! F 40CLI\						
	☐ Yes. Ma	ike sure you fill out Scr	nedule H: Your Codebtors (O	niciai Form 106H).						
Part	2 Explai	n the Sources of You	r Income							
	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?				
	□ No									
	 _	in the details.								
			Debtor 1		Debtor 2					
			Sources of income	Gross income	Sources of income	Gross income				
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)				
	•	of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$12,906.18	☐ Wages, commissions, bonuses, tips					
			Operating a business		☐ Operating a business					

Official Form 107

	Debtor 1		Debtor 2					
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that ap		Gross income (before deductions and exclusions)			
For last calendar year: (January 1 to December 31, 2018)	☐ Wages, commissions, bonuses, tips	\$35,420.00	☐ Wages, comm bonuses, tips	nissions,				
	Operating a business		☐ Operating a b	usiness				
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$150,000.00	☐ Wages, comn bonuses, tips	nissions,				
	☐ Operating a business		☐ Operating a b	usiness				
Include income regardless of whethe and other public benefit payments; p winnings. If you are filing a joint case	Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4.							
	Debtor 1		Dobtor 2					
	Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of inco Describe below.	me	Gross income (before deductions and exclusions)			
Port 2: List Contain Payments Voy I	Mada Bafara Vari Filad for F	exclusions)						
Part 3: List Certain Payments You M	wade before You Filed for E	Sankruptcy						
	s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol	mer debts. Consumer debts	are defined in 11 l	J.S.C. § 101	(8) as "incurred by an			
☐ No. Go to line 7.	e you filed for bankruptcy, did	d you pay any creditor a total	of \$6,825* or more	e?				
paid that cre-	ach creditor to whom you paid ditor. Do not include paymen payments to an attorney for th	ts for domestic support obliga						
	on 4/01/22 and every 3 years		or after the date of	adjustment.				
Yes. Debtor 1 or Debtor 2 or During the 90 days before	both have primarily consu e you filed for bankruptcy, did		of \$600 or more?					
No. Go to line 7.								
include paym	ach creditor to whom you paid nents for domestic support ob his bankruptcy case.							
Creditor's Name and Address	Dates of paymen	nt Total amount paid	Amount you still owe	Was this pa	ayment for			

 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, include a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support alimony. No Yes. List all payments to an insider. 					l partner; corporations gent, including one for			
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
8.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cos ■ No □ Yes. List all payments to an insider		•		ccount of a de	bt that benefited an		
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment tor's name		
Par	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures	P					
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title					or custody		
	Case number	Nature of the case	Court or agency		otatus of the base			
	LAURA L WALTERS VS EDWARD R STABELL III SPDR1500802	Divorce	Superior Court County Georgia 133 Montgomer Savannah, GA	a ry St.	■ Pending □ On appea □ Conclude			
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, fo	oreclosed, garnis	shed, attached	, seized, or levied?		
	Creditor Name and Address	Describe the Property				Value of the		
		Explain what happened	i			property		
	TitleMax of Georgia, Inc. 15 Bull Street	2003 Mercedez E320		May	2019	\$1,000.00		
	STE 200 Savannah, GA 31401	■ Property was repossessed.□ Property was foreclosed.□ Property was garnished.						
		☐ Property was attached	d, seized or levied.					
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.		luding a bank or fin	ancial institution	n, set off any a	mounts from your		
	Creditor Name and Address					Date action was Amount aken		
				lakei	•			

12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, c		as any of your property in the possession of an er official?	assignee for the bene	fit of creditors, a
	■ No				
	☐ Yes				
Par	t 5: List Certain Gifts and Contribution	ns			
13.	_	ruptcy, d	lid you give any gifts with a total value of more t	han \$600 per person?	?
	■ No☐ Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$60 per person	00	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	i			
14.	■ No		lid you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or o			_	
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Describe what you contributed	Dates you contributed	Value
		ie)			
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	uptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
	□ No				
	Yes. Fill in the details.				
	how the loss occurred Includ		the amount that insurance has paid. List pending	Date of your loss	Value of property lost
	Metal Detecting Collection / Collectables Stolen	N/A	ce claims on line 33 of Schedule A/B: Property.	February 2018	\$5,000.00
Par	t 7: List Certain Payments or Transfer	'S			
	Within 1 year before you filed for bankru consulted about seeking bankruptcy or	ıptcy, di	d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services require		rty to anyone you
	Person Who Was Paid		Description and value of any property	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not	You	transferred	or transfer was made	payment
	CIN Group 4540 Honeywell Court Dayton, OH 45424 myhorizontoday.com Daniel C. Jenkins, LLC		Credit Reports / Credit Counseling	June 26, 2019	\$45.00

17.	Within 1 year before you filed for bankruptor promised to help you deal with your credit to not include any payment or transfer that your credit with your credit to not include any payment or transfer that your credit to not include any payment or transfer that your credit to not include any payment or transfer that your credit to not include any payment or transfer that you can be supported by the promise of the promise o	ors or to make payment			or transfer any prop	erty to anyone who		
	No Yes. Fill in the details.							
	Person Who Was Paid Address	Description and transferred	value of any pro	operty	Date payment or transfer was	Amount of payment		
					made	,		
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your build like the properties of your build like the properties of your building transfers and transfers minclude gifts and transfers that you have alread the properties of the prop	ousiness or financial aff nade as security (such as	airs? the granting of a					
	☐ Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and property transfer			e any property or s received or debts xchange	Date transfer was made		
	Person's relationship to you			.				
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr		ny property to a	a self-settled t	rust or similar device	e of which you are a		
	Yes. Fill in the details.							
	Name of trust	Description and	value of the pro	perty transfer	red	Date Transfer was made		
						maue		
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and S	torage Units				
20.	Within 1 year before you filed for bankrupte sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No	or other financial accou	ınts; certificate:	s of deposit; s	,	,		
	Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco instrument	ci m	ate account was losed, sold, loved, or ansferred	Last balance before closing or transfer		
	Wells Fargo Bank P.O. Box 5058	XXXX-7047	Checking	_	2/21/2019 losed with	\$0.00		
	MAC P6053-021		☐ Savings	0	verdrawn			
	Portland, OR 97208		☐ Money Ma ☐ Brokerage ☐ Other	D	alance of 291.99			
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, a	ny safe depos	sit box or other depo	sitory for securities,		
	■ No							
	Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)			e contents	Do you still have it?		

22.	Have you stored property in a storage unit or pl	ace other than your home within 1	year before you filed for bankruptcy?	•				
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that someo for someone.	rty you borrowed from, are storing for	, or hold in trust					
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	10: Give Details About Environmental Information	ation						
For	he purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the arregulations controlling the cleanup of these sub	ir, land, soil, surface water, ground						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate, o	or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	ubstance,				
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	n they occurred.					
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ental law?				
	No							
	Yes. Fill in the details.	Covernmental unit	Fusing manufal law if you	Data of nation				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ironmental law? Include settlements a	ind orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Con	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have ar	ny of the following connections to any	business?				
	lacksquare A sole proprietor or self-employed in a t	rade, profession, or other activity,	, either full-time or part-time					
	■ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)					
Ott: .	15 105	of Financial Affaire for Individuals Filing	n for Doubreman					

		A partner in a partnership					
		A partner in a partnership	vacutive of a corporation				
	☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation						
	_						
		No. None of the above applies. Go to	Part 12.				
		Yes. Check all that apply above and fi	Il in the details below for each business.				
	Add	siness Name dress mber, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.			
	(,	Name of accountant of bookkeeper	Dates business existed			
	Th	e Stabell Law Firm, LLC		EIN:			
				From-To			
		ennan, Harris & Rominger, LLP E Bryan St	Law Firm; Partnership ended October 2015	EIN:			
		vannah, GA 31401	October 2010	From-To 1979 to Present			
	■ □ Nai	No Yes. Fill in the details below.	Date Issued				
	Add	Me dress mber, Street, City, State and ZIP Code)	Date Issued				
Par		Sign Below					
are to with 18 U	rue a a ba .S.C Edw	and correct. I understand that making a		declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.			
		re of Debtor 1					
Dat	e _	July 1, 2019	Date				
Did y ■ N □ Y	0	attach additional pages to Your Statem	nent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?			
■ N	0		ot an attorney to help you fill out bankruptogruptcy Petition Preparer's Notice, Declaration, a				

Fill in this informa	ation to identify your	case:				
Debtor 1						
Debior	Edward R. Stabel First Name	Middle Name		Last Name	—	
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
	kruptcy Court for the:	SOUTHERN DIST	TRICT OF GEO			
Officed States Dam	kruptcy Court for the.	OGGITIERIN DIG	TRIOT OF OLG	TO IA	—	
Case number						☐ Check if this is an
,						amended filing
Official For	m 108					
		n for Indiv	ا عاديان	Filing Under Cl	hantor 7	
Statemen	t or intentio	ii ioi iiidiv	luuais	illing officer Ci	naptei 1	12/15
If you are an indivi	idual filing under cha	pter 7, you must fil	I out this form	if:		
creditors have	claims secured by yo	ur property, or				
	d personal property a					
	er is earlier, unless th			pankruptcy petition or by th se. You must also send cop		
•	ple are filing together date the form.	in a joint case, bo	th are equally	responsible for supplying	correct informa	ation. Both debtors must
	nd accurate as possib ur name and case nun		s needed, attac	ch a separate sheet to this t	form. On the to	p of any additional pages,
Davids Liet Vo.	Cua ditana Wha Harr	· Carrinal Claims				
Part 1: List You	ır Creditors Who Have	e Secured Claims				
1. For any creditor information belo	•	art 1 of Schedule D	: Creditors Wh	no Have Claims Secured by	Property (Office	cial Form 106D), fill in the
	litor and the property the	hat is collateral		u intend to do with the prop		Did you claim the property
			secures a d	ebt?		as exempt on Schedule C?
		_				_
	liber Home Loans,	ln	_	r the property.		□ No
name:				ne property and redeem it. e property and enter into a		Yes
	8 Skipjack Lane Sa		_ Reaffirm	ation Agreement.		
property securing debt:	31411 Chatham Co	ounty	☐ Retain the	e property and [explain]:		
occurring dobt.						
	ır Unexpired Persona		' O-li - d-d- O			(Official Farms 4000) (III
in the information	below. Do not list rea	ıl estate İeases. Un	expired leases		effect; the leas	ses (Official Form 106G), fill se period has not yet ended.
Describe your un	expired personal prop	perty leases			Will	the lease be assumed?
		•			_	
Lessor's name:	Hilma Grace F	ain				No
					■ Y	⁄es
Description of leas	ed Month-to-mon	th residentlal lea	150			
Property:	•• wonth-to-mon	ui residendal lea	130			
Part 3: Sign Be	low					

Official Form 108

Case:19-40902-EJC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:58 of 68

Deb	otor 1 Edward R. Stabell, III	Case number (if known)
Und	er penalty of periury. I declare that I have indicate	d my intention about any property of my estate that secures a debt and any personal
	perty that is subject to an unexpired lease. /s/ Edward R. Stabell, III	X
	Edward R. Stabell, III Signature of Debtor 1	Signature of Debtor 2
	Date July 1, 2019	Date

Fill in t	his information to identify your case:			directed in this form and in Form	
Debtor	1 Edward R. Stabell, III		122A-1Supp:		
Debtor (Spouse,			■ 1. There is no pres	sumption of abuse	
United	States Bankruptcy Court for the: Southern Dis	strict of Georgia	applies will be	to determine if a presumption of abust made under <i>Chapter 7 Means Test</i>	se
Case n			,	ficial Form 122A-2).	
(II KIIOWII)			t does not apply now because of y service but it could apply later.	
			☐ Check if this is a	an amended filing	
Offic	<u>ial Form 122A - 1</u>				
Cha	pter 7 Statement of Your (Current Monthly I	ncome	12	/15
attach a case nu qualifyir	omplete and accurate as possible. If two married pe separate sheet to this form. Include the line number mber (if known). If you believe that you are exempte g military service, complete and file Statement of E	er to which the additional informati ed from a presumption of abuse be exemption from Presumption of Ab	on applies. On the top of a cause you do not have pri	ny additional pages, write your name a marily consumer debts or because of	ınd
Part 1:	, , , , , , , , , , , , , , , , , , ,				
	/hat is your marital and filing status? Check o	ne only.			
	Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you.	Fill out both Columns A and B. li	2 2 11		
_	Married and your spouse is NOT filing with				
	☐ Living in the same household and are no			2 11	
	_				
	Living separately or are legally separated penalty of perjury that you and your spouse living apart for reasons that do not include e	are legally separated under non	bankruptcy law that appl	es or that you and your spouse are	ЭГ
101(⁻ the 6	n the average monthly income that you received fro 10A). For example, if you are filing on September 15, the months, add the income for all 6 months and divide the ses own the same rental property, put the income from	ne 6-month period would be March 1 to e total by 6. Fill in the result. Do not in	through August 31. If the am nclude any income amount n	ount of your monthly income varied during nore than once. For example, if both	J
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	our gross wages, salary, tips, bonuses, overtagroll deductions).	ime, and commissions (before	all \$ 0.00	\$	
3. A	limony and maintenance payments. Do not incolumn B is filled in.	clude payments from a spouse if	\$ 0.00	\$	
4. A of from an	Il amounts from any source which are regula f you or your dependents, including child sup om an unmarried partner, members of your hous nd roommates. Include regular contributions fron	oport. Include regular contributio ehold, your dependents, parents n a spouse only if Column B is no	ns , ot		
	led in. Do not include payments you listed on line et income from operating a business, profest		\$	\$	
5. N	et income from operating a business, profess	Debtor 1			
G	ross receipts (before all deductions)	\$ 2,517.26			
0	rdinary and necessary operating expenses	-\$ 366.23			
	et monthly income from a business, rofession, or farm	\$ 2,151.03 Cop	y >\$ 2,151.03	\$	
6. N	et income from rental and other real property	Debtor 1			
_	rose receipts (hefore all deductions)	\$ 0.00			
	ross receipts (before all deductions) rdinary and necessary operating expenses	-\$ 0.00			
	et monthly income from rental or other real prope	erty \$ 0.00 Copy here	e -> \$	\$	
	terest, dividends, and royalties		\$ 0.00	\$	

Official Form 122A-1

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Debtor 1	Edward	R. Stal	bell. III

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:							
	For you \$	0.00	0_					
_	For your spouse \$		_					
9.	Pension or retirement income. Do not include any arbenefit under the Social Security Act.	mount received that was	а	\$	0.00	\$		
10.	Income from all other sources not listed above. Spon Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below.	Security Act or payments manity, or international c	s or	•		•		
	·		_	\$	0.00	»		
	Total amounts from concrete pages if any		_	\$	0.00	»		
	Total amounts from separate pages, if any.	Г	+	—	0.00	»		
11.	Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to		\$	2,151.03	+		= \$	2,151.03
	_						incom	urrent monthly
Part	2: Determine Whether the Means Test Applies	to You						
12.	Calculate your current monthly income for the year	r. Follow these steps:						
	12a. Copy your total current monthly income from line	11		Сору	/ line 11 h	ere=>	\$	2,151.03
	Multiply by 12 (the number of months in a year)						X 1	2
	12b. The result is your annual income for this part of the	ne form				12b.		25,812.36
13.	Calculate the median family income that applies to	you. Follow these steps	:					
	Fill in the state in which you live.	GA						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size	of household.				13.	\$	47,953.00
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	o online using the link spek kruptcy clerk's office.	ecified	in the separa	ate instruc	ions		
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. C Go to Part 3.			•	•	•		
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pr	esumption of	abuse is o	determined by	Form 12	?2A-2.
Part	<u> </u>							
	By signing here, I declare under penalty of perjury	y that the information on	this sta	atement and	in any atta	ichments is tru	ie and co	orrect.
	X /s/ Edward R. Stabell, III							
	Edward R. Stabell, III Signature of Debtor 1							
	Date July 1, 2019							
	MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file For	m 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.						

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee		
+	\$75	administrative fee		
	\$275	total fee		

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:19-40902-EJC Doc#:1 Filed:07/01/19 Entered:07/01/19 22:44:10 Page:65 of 68 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Georgia

In	re Edward R. Stabell, III	_	Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	ENSATION OF ATTORN	EY FOR DE	EBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	1,500.00			
	Prior to the filing of this statement I have received		\$	0.00			
	Balance Due		\$	1,500.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person unl	ess they are mem	bers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 						
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions of any other adversary proceeding.						
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for pa	yment to me for r	epresentation of the debtor(s) in			
	July 1, 2019	/s/ Daniel C. Jenkins	3				
	Date	Daniel C. Jenkins 14 Signature of Attorney	12345				
		The Law Offices of	Daniel C. Jenki	ns, LLC			
		24 Drayton St., Ste. Savannah, GA 3140					
		912-480-9999 Fax:					
		daniel@djenkinslaw	.com				
		Name of law firm					

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